

CERTIFICATE OF MAILING (37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450.

EV337191292US

Express Mail Label No.

January 11, 2005

Date of Deposit


Cynthia B. Pacheco

Cynthia B. Pacheco

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NUMBER 892,280-499 U.S. APPLICATION NO. (If known, see 37 CFR 1.5)
INTERNATIONAL APPLICATION NO. PCT/EP2004/007658	INTERNATIONAL FILING DATE July 12, 2004	PRIORITY DATE CLAIMED July 18, 2003
TITLE OF INVENTION Antibiotic 107891, Its Factors A1 and A2, Pharmaceutically Acceptable Salts and Compositions, and Use Thereof		
APPLICANT(S) FOR DO/EO/US LAZZARINI, Ameriga; GASTALDO, Luciano; CANDIANI, Gianpaolo; CICILIATO, Ismaela; LOSI, Daniele et al.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). 		
Items 11 to 20 below concern document(s) or information included:		
<ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, with International Search Report and European Search Reports attached 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825. 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4). 20. <input type="checkbox"/> Other items or information: 		

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO. PCT/EP04/07658		ATTORNEY'S DOCKET NUMBER 892,280-499	
21. The following fees are submitted:					
<input checked="" type="checkbox"/>	a) Basic national fee.....			\$300.00	\$ 300.00
<input checked="" type="checkbox"/>	b) Examination fee.....			\$200.00	\$ 200.00
<input checked="" type="checkbox"/>	c) Search fee.....			\$500.00	\$ 500.00
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	\$ 1,000.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE	
81 - 100 =	0 /50 =	0		x \$250.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$ 0.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	21 -20 =	1	x \$50.00		
Independent claims	5 -3 =	2	x \$200.00		
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00		
TOTAL OF ABOVE CALCULATIONS =				\$ 1,450.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$ 725.00	
SUBTOTAL =				\$ 725.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				+	
TOTAL NATIONAL FEE =				\$ 725.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+	
TOTAL FEES ENCLOSED =				\$ 725.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$ 725.00
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>50-2862</u> in the amount of \$ <u>725.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-2862</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO:					
PTO Customer No. 34263 John Kappos O'MELVENY & MYERS LLP 114 Pacifica, Suite 100 Irvine, CA 92618			<div style="text-align: center;">  SIGNATURE Diane K. Wong NAME 54,550 REGISTRATION NUMBER </div>		

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Title::	Antibiotic 107891, Its Factors A1 and A2, Pharmaceutically Acceptable Salts and Compositions, and Use Thereof
Attorney Docket Number::	892,280-499
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	18
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Ameriga
Family Name::	LAZZARINI
City of Residence::	Legnano
Country of Residence::	Italy
Street of Mailing Address::	Via 29 Maggio, 5
City of Mailing Address::	Legnano
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20025
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Luciano

Family Name::	GASTALDO
City of Residence::	Pogliano Milanese
Country of Residence::	Italy
Street of Mailing Address::	Via San Martino, 7
City of Mailing Address::	Pogliano Milanese
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20010
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Gianpaolo
Family Name::	CANDIANI
City of Residence::	Gorgonzola
Country of Residence::	Italy
Street of Mailing Address::	Via Bellini, 2/C
City of Mailing Address::	Gorgonzola
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	20064
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity
Given Name::	Ismaela
Family Name::	CICILIATO
City of Residence::	Busto Arsizio
Country of Residence::	Italy
Street of Mailing Address::	Via Orazio, 7
City of Mailing Address::	Busto Arsizio
Country of Mailing Address::	Italy
Postal or Zip Code of Mailing Address::	21052
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Italy
Status::	Full capacity

Given Name:: Daniele
Family Name:: LOSI
City of Residence:: Rovellasca
Country of Residence:: Italy
Street of Mailing Address:: Via Carso, 28/B
City of Mailing Address:: Rovellasca
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: 22069

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Italy
Status:: Full capacity

Given Name:: Flavia
Family Name:: MARINELLI
City of Residence:: Milano
Country of Residence:: Italy
Street of Mailing Address:: Via Rubens, 25
City of Mailing Address:: Milano
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: 20148

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Italy
Status:: Full capacity

Given Name:: Enrico
Family Name:: SELVA
City of Residence:: Gropello Cairoli
Country of Residence:: Italy
Street of Mailing Address:: Via di Vittorio, 23
City of Mailing Address:: Gropello Cairoli
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: 20727

Applicant Authority Type:: INVENTOR

Primary Citizenship Country:: Italy
Status:: Full capacity
Given Name:: Franco
Family Name:: PARENTI
City of Residence:: Lainate
Country of Residence:: Italy
Street of Mailing Address:: Via B. Cellini, 24
City of Mailing Address:: Lainate
Country of Mailing Address:: Italy
Postal or Zip Code of Mailing Address:: 20020

Correspondence Information

Correspondence Customer Number:: 34263

Representative Information

Representative Customer Number:: 34263

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/007658	July 12, 2004

Foreign Priority Information

Application Number::	Country::	Filing Date::	Priority Claimed::
03016306.7	Europe	July 18, 2003	Yes

Assignment Information

Assignee Name:: VICURON PHARMACEUTICALS INC.
Street of Mailing Address:: 455 South Gulph Road, Suite 305
City of Mailing Address:: King of Prussia
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 19406